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FACSIMILE TRANSMISSION COVER SHEET

DATE: June 5, 2006

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FROM: Mitchell K. McCarthy, Registration No. 38,794

TO: Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 2627	571/273-8300	571/272-4100

RE: Application No. 10/057,277
In re application of: Monty A. Forehand
Assignee: SEAGATE TECHNOLOGY LLC
Dkt. No.: P1598US01

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PATENT
Dkt. P1598US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Monty A. Forehand**
Assignee: **SEAGATE TECHNOLOGY LLC**
Application No.: **10/057,277** Group No.: **2627**
Filed: **January 25, 2002** Examiner: **Kin C. Wong**
For: **FLY HEIGHT ADJUSTED SWEEP CYCLE FOR A DISC DRIVE**

RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. § 1.116) for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Date: June 5, 2006

Signature

Diana C. Anderson
Diana C. Anderson

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)		(Col. 3)		OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDIT. FEE	
TOTAL	20 MINUS	20		= 0x	\$ 50.00	= \$	0.00
INDEP	3 MINUS	3		= 0 x	\$ 200.00	= \$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	\$ 0.00	= \$	0.00
TOTAL						\$	0.00
ADDIT. FEE							

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 06-0540.
If any additional fee for claims is required, charge Account No. 06-0540.

Respectfully submitted,

Date: 6/5/2006



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Application No.: **10/057,277** Group Art: **2627**
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RESPONSE TO OFFICE ACTION MAILED APRIL 5, 2006

Sir:

Please enter the following amendments in the above identified United States patent application.

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2.

Remarks/Arguments begin on page 7 of this paper.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

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Date: June 5, 2006

Diana C. Anderson
(type or print name of person certifying)